



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 12/31/2019

## Return completed form within 30 days to:

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Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Roise ID 83720

| Annual Report: No filing fee if received by the due date.  Boise, ID 83720 Phone: (208) 334-2300                                      |                               |   |  | 25                     |
|---|-------------------------------|---|--|------------------------|
| SOS Control   | Number: 402321                | Filing Status: Active-Good  | · · · · · · · · · · · · · · · · · · ·  | 20                     |
| General Busin   | ness Corporation (D)          | Date Formed: 12/20/1999   | Formation Locale: ID   |                        |
| Name and Mailing Address: (1) Add of IDAHO ALPINES, INC. PO BOX 611 BONNERS FERRY, ID 83805-0611                                      |                               |   | (1) Add or Change Mailing Address:   | 9:19 AM                |
| Registered Agent (RA) and Registered Office (RO) Address:  LEONARD S SCHULTE  6913 MAIN ST  BONNERS FERRY, ID 83805 (BOUNDARY COUNTY) |                               |   |  | Received               |
| (3) New Regi  | Note: The Reg                 | gistered Office address must be a physica ature:  If a new agent is appointed in item | Il Idaho address (no postal box).  (2) above, the new agent must sign here to accept the | by<br>H<br>sppointment |
| (4) Corporations  | : Enter names and business a  | ddresses (with zip code) of the President, Vi   | ce President, Secretary, Treasurer.  | <b>0</b>               |
| Title   | Name                          | Business Address  | City, State, Zip   | Q                      |
| President   |                               | P.O. Box GII  | Bonners Ferry Id   | - 83 <b>5</b> 08       |
| (5) Poord of Dire   | osters names and huginoss add | draces (with tip code). Attach additional sh  | oot if page and  | , o                    |
| (5) Board of Directors names and business addresse  Name  Bu  |                               | Business Address  | City, State, Zip   | <u> </u>               |
| <del> </del>  |                               |   |  | ; <del>(†</del>        |
|   |                               |   |  | rt                     |
|   |                               |   |  | , ""<br><del> </del>   |
|   |                               |   |  | <u> </u>               |
|   |                               |   |  | , <u>P</u>             |
| (5) Signature:  | Don S.                        | Dis D   | (6) Date: 12/3/19  | ren.                   |
| (5) Signature: Con Sehica (6) Date: 12/3/19 (7) Type/Print Name: DON Schied (8) Title: Secretary                                      |                               |   |  | Ö                      |
| Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.                      |                               |   |  | Der                    |